



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 120

Date Received
2003 OCT 12 PM
10-SEP-2003

Repository
Reference No.
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OWNER INFORMATION (Type or Print)

Name _____
Address _____
City HUNTINGTON STATION State NY Zip Code _____

Daytime Telephone Number _____
Evening Telephone Number SAME
E-mail Address _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 1 / 1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1G3WHS2M2VF305217 Make MERCURY Model SABLE Model Year 2003
Date Purchased 1-2-03 Dealer's Name and Telephone Number _____ Engine: No. Cylinders 6 Fuel Type: GAS
Original Owner Dealer's City HUNTINGTON STN, N.Y. State N.Y. Zip Code 11746
Transmission Type AUTO Antilock Brakes Powertrain _____ Vehicle Component Code L31000 VISIBILITY: WINDSHIELD
 Cruise Control Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 10-SEP-2003 Failure Mileage _____ Failure Speed _____ WIND SHIELD

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____ Tire Model (Name or Number) _____ Tire Size (Example P215/65R15) _____
DOT No. (Example: DOTM15ABC036) Original Equipment Prior Repair Failure Location: _____
Tire Component Code _____ Tire Failure Type _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured _____ Number of Deaths _____ Reported to Police N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

CONSUMER HAS PROBLEMS SEEING THROUGH WINDSHIELD WHEN THE SUN IS SHINING. THE REFLECTION IS SO BAD THAT IT DISTORTS VISION. WHEN LOOKING THROUGH THE WINDSHIELD, INSTEAD OF SEEING WHAT IS ON THE OUTSIDE, ONE SEES THE REFLECTION OF THE DASHBOARD, AND IT IS VERY STRONG.*AK

THIS IS THE PROBLEM AND COULD CAUSE AN ACCIDENT OR HURT A PEDESTRIAN. SOLUTION; DIFFERENT MATERIAL ON TOP OF DASHBOARD TO ABSORB LIGHT

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.